

Please type a plus sign (+) inside this box

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 7247M Total Pages 38

First name inventor or Application Identifier

<Douglas Joseph Dobrozsi

Express Mail Label No. EJ302200419US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification Total Pages [36]  
(preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure

☒ Drawing(s) (35 USC 113) Total Sheets [1]

### Oath or Declaration

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)  
[Note Box 5 below]

#### i. ☐ DELETION OF INVENTORS

Signed statement attached deleting

inventor(s)

named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

## 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. /

## 18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ New correspondence address below

|         |  |           |                |          |                |
|---------|--|-----------|----------------|----------|----------------|
| NAME    | Betty J. Zea                           |           |                |          |                |
|         | The Procter & Gamble Company           |           |                |          |                |
| ADDRESS | Health Care Research Center (Box 1050) |           |                |          |                |
|         | P. O. Box 8006                         |           |                |          |                |
| CITY    | Mason                                  | STATE     | OH             | ZIP CODE | 45241          |
| COUNTRY | U.S.                                   | TELEPHONE | (513) 622-3952 | FAX      | (513) 622-3300 |

# FEE TRANSMITTAL FORM

| CLAIMS | (1) FOR  | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE                      | (5) CALCULATIONS |
|--------|--|------------------|------------------|-------------------------------|------------------|
|        | TOTAL CLAIMS<br>(37 CFR 1.16 (c))  | 29 - 20          | 9                | x \$18.00 =                   | \$162.00         |
|        | INDEPENDENT CLAIMS<br>(37 CFR 1.16 (c))                                    | 2 - 3            | 0                | x \$78.00 =                   | \$0.00           |
|        | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))                 |                  |                  | + \$270.00 =                  | \$               |
|        |  |                  |                  | BASIC FEE<br>(37 CFR 1.16(a)) | \$760.00         |
|        |  |                  |                  | Total of above Calculations = | \$922.00         |
|        | Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). |                  |                  |                               |                  |
|        | TOTAL =  |                  |                  |                               | \$922.00         |

19. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is enclosed.

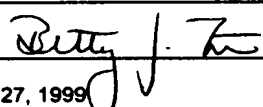
- a. ☒ Any patent application filing fees required under 37 CFR 1.16.  
b. ☒ Any patent application processing fees under 37 CFR 1.17.

20. The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is enclosed.

- a. ☒ Any patent application processing fees under 37 CFR 1.17.  
b. ☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).  
c. ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

21. The total number of duplicate copies enclosed is 5. The Commissioner is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

## 22. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

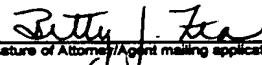
|           |   |
|-----------|---|
| NAME      | Betty J. Zea  |
| SIGNATURE |  |
| DATE      | July 27, 1999   |

"Express Mail" mailing label number EJ302200419US

Date of Deposit July 27, 1999

I hereby certify that this paper/fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

Betty J. Zea 36,069  
Attorney/Agent mailing application Reg No.

  
Signature of Attorney/Agent mailing application